
Application Data Sheet**Application Information**

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Title Line 1:: | METHOD OF REMOVING MERCURY |
| Title Line 2:: | FROM EXHAUST GASES OF COAL |
| Title Line 3:: | FIRED POWER PLANTS AND |
| Title Line 4:: | ASSOCIATED APPARATUS |
| Attorney Docket Number:: | 164319-00027 |
| Request for Early Publication:: | No |
| Total Drawing Sheets:: | 1 |
| Small Entity:: | No |
| Petition Included:: | No |

Applicant Information

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|---|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Thomas |
| Family Name:: | Weyand |
| City of Residence:: | New Brighton |
| State or Province of Residence:: | Pennsylvania |
| Country of Residence:: | US |
| Street of Mailing Address:: | 733 Penn Avenue |
| City of Mailing Address:: | New Brighton |
| State or Province of Mailing Address:: | Pennsylvania |
| Country of Mailing Address:: | US |
| Postal or Zip Code of Mailing Address:: | 15066 |

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dale
Family Name:: Nickels
City of Residence:: Ambridge
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Street of Mailing Address:: 816 19th Street
City of Mailing Address:: Ambridge
State or Province of Mailing Address:: Pennsylvania
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 15003

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Family Name:: Sawayda
City of Residence:: McKees Rocks
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Street of Mailing Address:: 67 Beaver Grade Road
City of Mailing Address:: McKees Rocks
State or Province of Mailing Address:: Pennsylvania
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 15136

Correspondence Information

Correspondence Customer Number:: 003705
E-Mail Address:: abs@escm.com

R presentative Information

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|------------------------------|-----------------------|-----------------------|
| Representative Designation:: | Registration Number:: | Representative Name:: |
| Primary | 22,614 | Arnold B. Silverman |